## Congressman Womack's Washington, D.C. Internship Application

Printed Name:	Signature:	Date:
Permanent Address:	Mailing	Address (if different from permanent address):
Phone:		
University/College: Major/Minor and Cumulative		
Expected Graduation Date: _		
Please check for which semes  ☐Fall (August-December)	1 1 1 0	mer I (May-June) Summer II (July-August)
Will you be available full-tim	e or part-time?	
your responsibility to provide  Copy of a current resum  Two letters of recomment  One-page essay addressi	e all accurate and relevant informate  and accurate and relevant informate  and accurate accurate and one property of the following: Notable accurate.	e this checklist for your application packet. It is ation in your application.  ofessional along with their contact information mic or work experience, goals for this internship, m would be helpful in a Congressional office

## Please e-mail all application materials to:

Congressman Womack c/o Caroline Doxsee

Caroline.Doxsee@mail.house.gov

Questions? Please call (202) 225-4301 and ask to speak with the Intern Coordinator.